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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 10/277,393 10/22/2002 ABN *O.K.*

** FOREIGN APPLICATIONS ***** *J.Y.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed ☐ yes ☒ no
 35 USC 119 (a-d) conditions met ☐ yes ☒ no *Me after Allowance*
 Verified and Acknowledged *J.Y.* Examiner's Signature *J.Y.* Initials

STATE OR COUNTRY FL	SHEETS DRAWING 11	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
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TITLE
 Quality assurance phantom system

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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